



2004

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Docket No: Q76870

Yujiro NOMURA, et al.

Appln. No.: 10/634,916

Group Art Unit: 2852

Confirmation No.: 6488

Examiner: Quana Mashell GRAINGER

Filed: August 6, 2003

For: IMAGE CARRIER CARTRIDGE, EXPOSURE HEAD, AND IMAGE FORMING APPARATUS USING THESE

*Fee Sheet*

AMENDMENT UNDER 37 C.F.R. § 1.111

**MAIL STOP AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated June 18, 2004, please amend the above-identified application as follows on the accompanying pages.

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05/18/2005 ADAVID 00000001 194880 10634916

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BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10/634 916

Update

## CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |                                     |              |
|----------------------------------|-------------------------------------|--------------|
| TOTAL CLAIMS                     | 15                                  |              |
| FOR                              | NUMBER FILED                        | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS          | 18 minus 20 =                       |              |
| INDEPENDENT CLAIMS               | 2 minus 3 =                         |              |
| MULTIPLE DEPENDENT CLAIM PRESENT | <input checked="" type="checkbox"/> |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  | 9/15/05                          |       |                                    |               |
| Total  | 31                               | Minus | 20                                 | = 11          |
| Independent                                    | 2                                | Minus | 3                                  | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>         |       |                                    |               |

SMALL ENTITY TYPE

OR OTHER THAN SMALL ENTITY

|           |        |              |        |
|-----------|--------|--------------|--------|
| RATE      | FEES   | RATE         | FEES   |
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| XS 9=     |        | OR XS16=     |        |
| X43=      |        | OR X86=      |        |
| +145=     |        | OR -290=     | 290.00 |
| TOTAL     |        | OR TOTAL     | 106.00 |

OTHER THAN SMALL ENTITY OR, SMALL ENTITY

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| XS 9=            |                | XS18=               | 198.00         |
| X43=             |                | X86=                |                |
| +145=            |                | +290=               |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE | 198.00         |

| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  |                                  |       |                                    |               |
| Total  |                                  | Minus |                                    | =             |
| Independent                                    |                                  | Minus |                                    | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>         |       |                                    |               |

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| XS 9=            |                | XS18=               |                |
| X43=             |                | X86=                |                |
| +145=            |                | +290=               |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|--|----------------------------------|-------|------------------------------------|---------------|
|  |                                  |       |                                    |               |
| Total  |                                  | Minus |                                    | =             |
| Independent                                    |                                  | Minus |                                    | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | <input type="checkbox"/>         |       |                                    |               |

|                  |                |                     |                |
|------------------|----------------|---------------------|----------------|
| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
| XS 9=            |                | XS18=               |                |
| X43=             |                | X86=                |                |
| +145=            |                | +290=               |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- \* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.